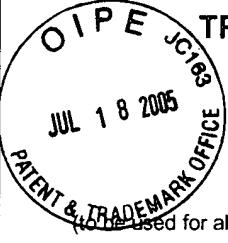


Under the Paperwork Reduction act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

 <p>TRANSMITTAL FORM <small>(Not to be used for all correspondence after initial filing)</small></p>		<table border="1"> <tr> <td colspan="2">Application Number</td> <td>09/699,019</td> </tr> <tr> <td colspan="2">Filing Date</td> <td>October 27, 2000</td> </tr> <tr> <td colspan="2">First Named Inventor</td> <td>Ahmadreza Rofouraran</td> </tr> <tr> <td colspan="2">Art Unit</td> <td>2682</td> </tr> <tr> <td colspan="2">Examiner Name</td> <td>Marceau Milord</td> </tr> <tr> <td colspan="2">Attorney Docket Number</td> <td>15258US05</td> </tr> </table>		Application Number		09/699,019	Filing Date		October 27, 2000	First Named Inventor		Ahmadreza Rofouraran	Art Unit		2682	Examiner Name		Marceau Milord	Attorney Docket Number		15258US05															
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<input type="checkbox"/> Remarks		Appeal Brief (26 pages) enclosed in triplicate.																																		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT																																				
Firm or Individual Name	McAndrews Held & Malloy, Ltd.																																			
Name (Print/type)	Michael T. Cruz	Registration No. (Attorney/Agent)	44,636																																	
Signature			Date: July 18, 2005																																	
EXPRESS MAIL DEPOSIT U.S.P.S. Express Mail Mailing Label No. : EV 639 811 567 US Date of Deposit : July 18, 2005																																				

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the consolidated Appropriates Act. 2005 (H.R. 4818).

**FEE TRANSMITTAL
for FY 2005**

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ **620.00**)

Complete if Known	
Application Number	09/699,019
Filing Date	October 27, 2000
First Named Inventor	Ahmadreza Rofougaran
Examiner Name	Marceau Milord
Art Unit	2682
Attorney Docket No.	15258US05

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy

For the above-identified deposit account, the Director is hereby authorized to (check all that apply)

Charge Fee(s) indicated below Charge Fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fees(s) Credit any overpayments
 under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid(\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity Fee(\$)</u>	<u>Fee(\$)</u>	<u>Small Entity Fee(\$)</u>	<u>Fee(\$)</u>	<u>Small Entity Fee(\$)</u>	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20, or for Reissues, each claim over 20 and more than in the original patent

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

Multiple dependent claims

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee(\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	
				<u>Fee</u>	<u>Fee Paid (\$)</u>
-20 or HP	x	=			

HP = highest number of total claims paid for, if greater than 20

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee(\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	
				<u>Fee</u>	<u>Fee Paid (\$)</u>
-3 or HP	x	=			

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee(\$)</u>	<u>Fee Paid(\$)</u>
-100	/50	(round up to a whole number)	x	=

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Appeal Brief Fee \$500.00 and Request for One-Month Extension \$120.00 620.00

SUBMITTED BY

Signature	<u>Michael T. Cruz</u>	Registration No. (Attorney/Agent)	44,636	Telephone	(312) 775-8084
Name (print/type)	Michael T. Cruz		Date	July 18, 2005	